

## CAMPAIGN CONTRIBUTIONS

Report Period # 3

Name (print) ASIAN AMERICAN PAC

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
NONE	—	—	—

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## Report Period # 3

# 3

Office (if applicable)

District (if applicable)

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Revised: Apr-02

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## CAMPAIGN EXPENSES

Report Period # 3ASIAN AMERICAN PAC

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NONE	—	—	—

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Name (print) ASIAN AMERICAN PAC

Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
NONE	—	—

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period

# **3**

Name (print) ASIAN AMERICAN PAC

Office (if applicable)

District (if applicable)

**IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE	—	—	—	—

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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

**Report Period**

**#3**

ASIAN AMERICAN PAC

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Contributions of \$100 or Less**

<b>DATE OF EACH IN KIND CONTRIBUTION</b>	<b>DESCRIPTION OF IN KIND CONTRIBUTION</b>	<b>VALUE OR COST OF EACH IN KIND CONTRIBUTION</b>
NONE	—	—

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period **#3**

Name (print) ASIAN AMERICAN PAC Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_

**IN KIND**

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE	—	—	—

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

# **3**

**ASIAN AMERICAN PAC**

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
NONE	—	—

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362